VERMONT

Vermont Health Access
Pharmacy Benefit Management Program
DUR Board Meeting Minutes: 01/13/09

Board Members:

Michael Scovner, M.D., Chair
Andrew Miller, R. Ph.
Lynne Vezina, R.Ph.
Norman Ward, M.D.
Kathleen Boland, Pharm.D.
Stuart Graves, M.D.
Cheryl Gibson, M.D.
Richard Harvie, R. Ph.

Staff:

Ann Rugg, OVHA
Diane Neal, R.Ph., (MHP)
Nancy Hogue, Pharm.D. (MHP)
Erin Cody, M.D., OVHA
Stacey Baker, OVHA
Cynthia LaWare, OVHA
Robin Farnsworth, OVHA
Jennifer Mullikin, OVHA

Guests:

Carl Marchand, AstraZeneca
Carl Pepe, GSK
David Anderson, AstraZeneca
Jenifer Buttle, Merck
Jody Lesko, BIPI
Joe Winalski, Biogen Idec
Keith White, Genentech
Lisa Libera, Teva
Mark Kaplan, Abbott
Michael Deorsey, Abbott
Paul Amato, GSK
Scott Mosher, GSK
Steve Berardino, Amgen
Steve Yerby, Takeda
Terry Lalancette, GSK
Tom Martin, Boehringer-Ingelheim
Tracy Bernasconi, AstraZeneca

Michael Scovner, M.D. Chair, called the meeting to order at 7:02 p.m. at the DUR Board meeting site in Williston.

1. Executive Session:

- An executive session was held from 6:30 until 7:00 p.m. to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2).

2. Introductions and Approval of DUR Board Minutes:

- Introductions were made around the table.
- The November 2008 meeting minutes were accepted as printed.

Public Comment: No public comment.

3. OVHA Pharmacy Administration Updates: *Ann Rugg - Deputy Director, OVHA*

- New Director at OVHA: Susan Besio is the new Director at the Office of Vermont Health Access and will be joining the meeting next month and will discuss the budget.
- New Pharmacy Benefits Director: Cindy LaWare has joined OVHA as the new Pharmacy Benefits Director.
- Budget Process: The budget is still in the formative stages. State revenues are down considerably. The budget address is scheduled for next week.
- Pharmacy Spend SFY 2008: There was a slight decrease of 0.4% in dollars spent in the Pharmacy Program in SFY 2008 compared to SFY 2007.

4. Medical Director Update: *Erin Cody, M.D., OVHA*

- Clinical Programs Update: The capitated buprenorphine program will now fall under the Care Coordination Program.

- Prescriber Comments: There continues to be challenges around requests for Subutex® rather than Suboxone®.

5. Follow-up items from Previous Meeting: *Diane Neal, R.Ph., MedMetrics Health Partners (MHP)*

- No items

6. Clinical Update: Drug Reviews: *Diane Neal, R.Ph.(MHP)*
(Public comment prior to Board action)

Note: All drug/criteria decisions will be reflected in the next PDL and/or Clinical Criteria update.

- Relistor® (methylnaltrexone) injection: Not recommended for addition to the PDL. Coverage would require PA with the criteria for approval being that the patient must have documented opioid-induced constipation and be receiving palliative care AND the patient must have had documented treatment failure to a 1 week trial of at least 2 preferred laxatives from different laxative classes used in combination. The chronic constipation category will also be updated to reflect commonly used laxatives for opioid induced constipation.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

7. Review of Newly-Developed/Revised Clinical Coverage Criteria: *Diane Neal, R.Ph, (MHP)*
(Public comment prior to Board action)

- Anti-psychotics: Atypicals and Combinations (Seroquel XR®):
It was recommended that Seroquel XR be added as a preferred product. A previous review showed that Seroquel XR was an appropriate clinical choice, however, at that time, the net cost to OVHA of the higher strength tablets was significantly greater than lower strengths. The net price has now been reduced.

Public Comment: No public comment.

Board Decision: The Board chose to defer a decision on this recommendation at this time. It was requested that a request for a longer duration price guarantee be pursued.

- Mood Stabilizers (Equetro®):
It was recommended to move this product from preferred status to prior authorization required with grandfathering of current users. The criteria for approval would be the patient has had a documented side effect, allergy, or treatment failure with a carbamazepine product from the anticonvulsant therapeutic drug category

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

- Ophthalmic Antihistamines:
  It was recommended that Optivar® move to preferred status after trial of ketotifen and that Elestat® move to PA required. The criteria for approval of Elestat® would be that the patient has had a documented side effect, allergy, or treatment failure to BOTH Optivar® and Pataday® or Patanol®.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

- Pulmonary: Beta-Agonists: Short Acting Metered Dose Inhalers (Maxair® brief review):
  It was recommended that Maxair® move to preferred status.

Public Comment: No public comment.

Board Decision: The Board approved the recommendation but requested that a quantity limit be considered.

- Pulmonary: Inhaled Glucocorticoids: Single Agent Metered Dose Inhaler: (QVAR® brief review):
  It was recommended that QVAR move to preferred status. Additionally, the length of authorization was recommended to decrease from 5 years to 1 year for non-preferred products in this category.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

8. New Drug Classes:
(Public comment prior to Board action)

- Pancreatic Enzymes:
  A brief review of this category of medication was presented. It was recommended (that until the data the FDA has required for these products on bioequivalence and efficacy is made available) that all pancreatic enzyme products be made available as preferred agents on the OVHA PDL.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

- Estrogens: Vaginal:
  Currently, OVHA does not manage the vaginal estrogen agents. It was recommended that Estrace®, Vagifem® and Estring® be designated as preferred vaginal estrogens on the OVHA PDL.

Public Comment: No public comment.

Board Decision: The Board approved the category as recommended but requested that Premarin® Cream also be added as a preferred selection.

9. Drug Classes – Annual Review:
(Public comment prior to Board action)

Anti-Diabetics

- Insulin
  It was recommended that the preferred and prior authorization requiring products remain unchanged but that the length of authorization for non-preferred products be changed from lifetime to 1 year.

Public Comment: No public comment.

Board Decision: The Board did not vote to change the length of authorization and so it will remain unchanged at lifetime.

- Oral
  - Alpha Glucosidase Inhibitors
  - Biguanides and Combinations
  - Meglitinides
  - Sulfonylureas (Second Generation)
  - Thiazolidinediones and Combinations
  - Dipeptidyl Peptidase Inhibitors and Combinations

  It was recommended that there be no changes to the above categories.

Public Comment: Paul Amato - GlaxoSmithKline – Spoke about updated information on Avandia® and its safety and efficacy profile.

Board Decision: The Board approved retaining the above categories with no changes as proposed.

- Peptide Hormones
  It was recommended that Symlin® move from PA required to preferred after clinical criteria are met with an automated step therapy looking for concurrent insulin claims and that the patient is at least 18 years old. It was also recommended that Byetta® move from preferred after clinical criteria are met to PA required with current users grandfathered. The criteria for approval of each agent remain unchanged.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

Cardiovasular Agents

- Anti-Hypertensives: ACE Inhibitors and ACEI Combinations
  It was recommended that ramipril, trandolapril and moexipril/hydrochlorothiazide all move to preferred status. Consequently, all generically available products are available at preferred status.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the products be moved to preferred as recommended. The Board recommended that the criteria be changed to require a trial of all available preferred generic ACEI or ACEI/hydrochlorothiazide products before approval of a PA required product.

- Anti-Hypertensives: Angiotensin Receptor Blockers (ARBS) and ARB Combinations
  It was recommended that Azor® move to preferred after clinical criteria are met from PA required. It was also recommended that the length of authorization be changed from lifetime to 3 years.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

- Anti-Hypertensives: Beta-Blockers
  It was recommended that propranolol ER and nadolol/bendroflumethiazide move to preferred status. Consequently, all generically available products are available at preferred status. It was also recommended that the length of authorization be changed from 5 years to 3 years and that patients must have had a trial of at least 3 preferred products before approval of a non-preferred.

Public Comment: No public comment.

Board Decision: The Board approved the MHP recommendations noted above. There was one vote against the proposal.

- Anti-Hypertensives: Calcium Channel Blockers
  The category was divided into dihydropyridines and miscellaneous agents. It was recommended that isradipine and verapamil SR 100mg, 200 mg and 300 mg move to preferred status so that all generically available products will be available at preferred status. The table was updated to reflect all the products that are commercially available. It was also recommended that the length of authorization be changed from 5 years to 3 years and that patients must have had a trial of at least 3 preferred products before approval of a non-preferred.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

- Anti-Hypertensives: Renin Inhibitors/Combinations:
  It was recommended that Tekturna® and Tekturna HCT® move from preferred after clinical criteria are met to PA required. Length of authorization will change from lifetime to 3 years.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

- Platelet Inhibitors
  It was recommended that Aggrenox® move to preferred status. It was also recommended for approval of a branded product that the patient has had a documented intolerance to the generic formulation of the medication.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

10. RetroDUR: *Diane Neal, R.Ph, (MHP)*

- Chantix® and Smoking Cessation Products:
  Smoking cessation products were added to the Office of Vermont Health Access (OVHA) preferred drug list (PDL) as a managed drug class on March 1, 2007. A retrospective drug utilization review was conducted to determine whether additional criteria should be added for Duration of Therapy edits to assist in decision-making. A review of Chantix® and NRT utilization, Duration of Therapy PA requests, and member profiles was conducted. To help promote consistency in the review of Duration of Therapy PA requests, it was recommended that the prior authorization process should be modified as follows:

  The criteria should be updated to clarify that a smoking cessation counseling program should include a formal smoking cessation program, a smoking cessation hotline or counseling by a clinician with specialized training in the treatment of tobacco dependence. Counseling by a clinician without specialized training in the treatment of tobacco dependence should not be considered to meet the approval criterion.

  The criteria should be updated to clarify that member must currently be enrolled in a smoking cessation therapy program and that referral to a program alone should not meet the approval criterion.

  In order to standardize approval durations, it is recommended that the consultant pharmacist reviewing the request verify the intended duration of treatment. If the member has already begun a course of therapy, the request should be approved to allow the member to finish their current course. If the request is for a new course of therapy, the request should be approved for 12 weeks for Chantix® or Zyban® or 8 weeks for NRT (which correspond to the allowed treatment courses on OVHA's current PDL). In both cases, the member must be enrolled in a smoking cessation counseling program.

  The current Duration of Therapy limits for Chantix®, Zyban® and NRT are supported by the prescribing information for each product. No changes to these limits are recommended at this time.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

11. New Drug Product Plan Exclusions: (Consent Agenda Item) *Diane Neal, R.Ph, (MHP)*

- New drug products released on the market are reviewed every 2 weeks by MedMetrics Health Partners to determine pharmacy benefit coding according to the current PDL. As approved by the DUR Board, drug products that appear to be illogical combinations, kits containing non-drug items or very expensive dosage forms where inexpensive alternatives exist are blocked. The presented table highlights drug products blocked from drug files dated 11/20/08 - 01/01/09. DUR Board members were asked to comment if they felt that a drug product should not be blocked.

Public Comment: No public comment.

Board Decision: None needed.

12. Updated New-to-Market Monitoring Log: (Consent Agenda Item) *Diane Neal, R.Ph, (MHP)*

- This log shows new entries in the market highlighted in red. The log is informational only. Suggested dates for review are to be used as a guide only. The actual date of review will depend on the complexity of the agenda.

Public Comment: No public comment.

Board Decision: None needed.

13. General Announcements: *Diane Neal, R.Ph, (MHP)*
FDA Safety Alerts

- Deferred to February meeting

14. Adjourn: Meeting adjourned at 9:04 p.m.

Next DUR Board Meeting
Tuesday, February 10, 2009
7:00 - 9:00 p.m.*
EDS Building, OVHA Conference Room
312 Hurricane Lane, Williston, VT
(Entrance is in the rear of the building)

* The Board meeting will begin at 6:30 p.m. and the Board will vote to adjourn to Executive Session to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2). The Executive Session is closed to the public.